



# St Mary's CE VC First School

Nurturing deep, strong Christian roots, helping us to grow and flourish

West Hill, Chaminster, Dorchester, Dorset, DT2 9RD 01305 263880 office@chaminster.dorset.sch.uk chaminster.dorset.sch.uk

## ADMISSION FORM

### We will use the data supplied in this form to:

- support pupil learning
- monitor and report on pupil progress
- assess pupils
- provide appropriate pastoral care
- review pupil outcomes
- carry out safeguarding activities
- provide service and assess the quality of our services
- comply with the law regarding data sharing and archiving

### Child's Details:

Legal Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_  
 Preferred name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

### Parents'/Guardians' Details (with Parental Responsibility):

Title/Full Name: \_\_\_\_\_ Legal relationship to child: \_\_\_\_\_  
 Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Tel: \_\_\_\_\_  
 Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Does this parent/guardian live at the same address as the child? Yes/No

If no, please provide address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Title/Full Name: \_\_\_\_\_ Legal relationship to child: \_\_\_\_\_  
 Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Tel: \_\_\_\_\_  
 Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Does this parent/guardian live at the same address as the child? Yes/No

If no, please provide address: \_\_\_\_\_ Postcode: \_\_\_\_\_

**For those parents living at the same address, only the email of the first parent listed will be registered for our School Comms messaging system and our School Gateway payment system, unless we are notified otherwise.**

### Emergency contact details for occasions when parents cannot be contacted:

	Title:	Full Name:	Relationship to child:	Tel No:
1:	_____	_____	_____	_____
2:	_____	_____	_____	_____
3:	_____	_____	_____	_____
4:	_____	_____	_____	_____



**Siblings' Details:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Educational setting: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Educational setting: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Educational setting: \_\_\_\_\_

**Child's Medical Information:**

Surgery Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

Please provide information regarding ANY medical conditions/disabilities that we need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Does your child suffer from any allergies? Yes/No

If yes, please provide details: \_\_\_\_\_

Is your child asthmatic? Yes/No

If yes, please complete an asthma form (available from the school office).

**Previous Educational Settings:**

Name of previous educational setting: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

Name of previous educational setting: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

**Professionals involved with child:**

*Please include Children's Centre Outreach workers, Early Intervention team, CAMHS, Paediatrician, Early Help etc.*

Professional's Name: \_\_\_\_\_ Role: \_\_\_\_\_ Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for involvement: \_\_\_\_\_

Professional's Name: \_\_\_\_\_ Role: \_\_\_\_\_ Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for involvement: \_\_\_\_\_

Professional's Name: \_\_\_\_\_ Role: \_\_\_\_\_ Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for involvement: \_\_\_\_\_

Do you have a Health Visitor? Yes/No

If so, please provide details: Name: \_\_\_\_\_ Based at: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_



**Special Educational Needs:**

Does your child have any Special Educational Needs? Yes/No

If so, please provide details of their needs and the support they have already received: \_\_\_\_\_

\_\_\_\_\_

Does your child have an Education, Health and Care Plan (EHCP)? Yes/No

**Social Care Involvement:**

Is your child subject to a Child In Need Plan? Yes/No

Is your child subject to a Child Protection Plan? Yes/No

Does your family have a social worker at current? Yes/No

If so, please provide details: Name: \_\_\_\_\_ Based at: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for involvement: \_\_\_\_\_

Has your family ever, in the past, had a social worker? Yes/No

Reason for past involvement: \_\_\_\_\_

**Religion:** - Please circle

Buddhist      Christian      Hindu      Jewish      Muslim      Sikh      Other      No Religion

**Ethnic Origin:**

Our ethnic origin describes how we think of ourselves. This may be based on many things including, for example, our skin colour, language, culture, ancestry or family history. Ethnic origin is not the same as nationality or country of birth. Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed to the Local Authority and the Department for Education (DfE) to contribute to local and national statistics. The information will also be passed on to future schools, to save it being asked for again.

Please study the list below and tick one box only to indicate the ethnic origin of your child:

**WHITE**

- British
- Irish
- Gypsy
- Roma
- Traveller
- White European
- White Other

**MIXED**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any Other Mixed Background

**ASIAN OR ASIAN BRITISH**

- Indian
- Pakistani
- Bangladeshi
- Nepali
- Chinese
- Any other Asian

**BLACK OR BLACK BRITISH**

- Caribbean
- African
- Any other Black background

**ANY OTHER ETHNIC GROUP:** \_\_\_\_\_

Further Clarification is necessary: \_\_\_\_\_

I do not wish to provide this information



**Nationality:**

Please state: \_\_\_\_\_

*(You may record up to 2 nationalities for your child)*I do not wish to provide this information **Country of Birth:**

Please state: \_\_\_\_\_

I do not wish to provide this information **Languages:**

Please state your child's First Language. "First Language" is the language to which a child was first exposed in their early childhood and which they continue to be exposed to at home or in the community. It is not a question of how well the child speaks English.

First Language: \_\_\_\_\_

Please state your child's additional Languages, if applicable. "Additional Languages" are languages which a child is exposed to on a regular basis which they understand and talk with relative fluency.

Additional Languages: \_\_\_\_\_

I do not wish to provide this information **Service Families:**

In accordance with The Education (Information about Individual Pupils) (England) (Amendment) Regulations 2007 schools must identify children who live with a parent, step-parent, parent's civil partner or a person with parental responsibility, who is a current member of the 'regular' armed forces and has been assigned Personal Status Category 1 or 2 by the Secretary of State for Defence. The information provided will be used for research and policy development purposes. From time to time it will be passed to the Local Authority and the DfE to contribute to local and national statistics. These statistics will not be published in a way that allows individual children to be identified. Data on individual pupils will not be shared with the MOD. Parents can ask to check their child's information at any time and, if they wish, have the information amended.

This child lives with a parent, step-parent, parent's civil partner or a person with parental responsibility, who is a current member of the 'regular' armed forces and has been assigned Personnel Status Category 1 or 2 by the Secretary of State for Defence. Please note that the Territorial Army are not classed as the regular armed forces and, as such, these pupils should not be considered Service Children: YES/NO

**Consent:**

I give permission to visit areas within our locality e.g., park, church, library etc.: Yes/No

I give permission for my child to be involved in food tasting activities: Yes/No

I give permission for still images of my child to appear in the school prospectus and/or other printed publications made by/for the school for promotional purposes: Yes/No

I give permission for still and moving images of my child to appear in materials made by/for the school for promotional purposes: Yes/No

I give permission for still and moving images of my child to appear on our school website: Yes/No

I give permission for still and moving images of my child to appear on the school's and the School Association's Facebook pages: Yes/No

I give permission for images of my child to be used by the media in printed and online publications: Yes/No

If necessary, I give permission for images of my child and medical information to be displayed in the form of a 'Health Care Plan' and shared with staff, relevant volunteers, governors and other professionals as deemed appropriate by the head teacher: Yes/No

**Signed:***I have read and understood the above information and answered all questions truthfully and to the best of my knowledge:*

Name of person completing this form: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_